

# Incarceration Benefit Plan Billing Tips

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**Level of Care = 32 the beneficiary is incarcerated and has limited Medicaid (MA) benefits.**

**Benefit Plans = INCAR-ESO, INCAR-MA, INCAR-MA-E, MA-HMP-INC**

Policy: [Medicaid Provider Manual](#) (MPM) Chapter “Beneficiary Eligibility” Section 2.3 Level of Care (LOC) Codes.

The Incarceration Benefit Plan may be provided to beneficiaries during times when they are involuntarily residing in a detention center (County Jail, State Prison, or Federal Correctional Institution). The Local County MDHHS office caseworker is responsible to collect residency information from each client and to maintain, within the BRIDGES system, a correct current address. When the case is coded as the beneficiary residing in a County Jail the LOC 32 will reflect a “Provider ID” within the CHAMPS eligibility files as 9999980. If the beneficiary is residing in a State Prison or Federal Correctional Institution the “Provider ID” within the CHAMPS eligibility files will show 3470136.

The purpose of the LOC 32 is to restrict CHAMPS claim payments to only charges incurred at an off-site Inpatient Hospital. Claims submitted for any outpatient services will deny with claim adjustment reason code 31 on the remittance advice at the service line level. It is the responsibility of the County Jail, State Prison, or Federal Correctional Institution to work with providers regarding reimbursement of any outpatient services.

Any issues with the Provider ID 9999980 end or begin dates should be directed to the beneficiary’s local county MDHHS office caseworker. Issues with the Provider ID 3470136 begin or end dates should be directed to [ProviderSupport@Michigan.Gov](mailto:ProviderSupport@Michigan.Gov).